DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Corrected

Facility Information

Facility Name: WYNDEMERE EAST (410518)

Address: 2999 RIVERSIDE DR, GREEN BAY, WI 54301

License Status: REGULAR

Licensed/Certified/Registered 03/01/1998

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0094355 End Date: 03/24/2005 Type: ABBREVIATED Purpose: SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007127 Served 03/31/2005

Deficiencies Cited Subject Area Subject Area Verified

50.065(2)(d) MAINTAIN BACKGROUND INFORMATION

83.14(2) TRAINING DIETARY NEEDS & MENU PLANNING

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

Enforcement History

Date: 03/30/2005 SOD #10007127

Appealed: Yes

Decision: PENDING

Sanctions

COMPLY WITH REQUIREMENT FORFEITURE---83.14(2)

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